

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2		/					52		
3		/					53		
4			/				54		
5		/					55		
6		/					56		
7							57		
8		/					58		
9		/					59		
10		/					60		
11	/						61		
12		/					62		
13		/					63		
14		/					64		
15		/					65		
16	/						66		
17							67		
18							68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	/						TOTAL IND.		
TOTAL DEP.	/						TOTAL DEP.		
TOTAL CLAIMS	/						TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS